

Approved, SCAO

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	REPORTER/RECORDER CERTIFICATE OF ORDERING OF TRANSCRIPT ON APPEAL Appeal to: <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Circuit	CASE NO.
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Court address

Court telephone no.

Plaintiff/Petitioner name(s) and address(es). <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	v	Defendant/Respondent name(s) and address(es). <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.		Attorney, bar no., address, and telephone no.
<input type="checkbox"/> Probate In the matter of _____		

This certificate must be filed by appellant or reporter/recorder within 7 days on appeals to the Court of Appeals.
This certificate must be filed by appellant within 7 days on appeals to the circuit court.

I am a certified court reporter/recorder for the court designated above and I certify that:

1. On _____ ☐ a portion of the ☐ the complete transcript of proceedings, taken in this case
Date before Judge _____ on _____, was ordered by
Date(s)
☐ a. _____, attorney for _____.
Attorney name (type or print) Name (type or print)
☐ b. the appellant, _____.
Name (type or print)
☐ c. the court.
- ☐ 2. Payment has been secured and the transcript will be furnished by me _____.
Estimated date of completion
- ☐ 3. The transcript has been filed with the court and furnished as requested. Date filed: _____
- ☐ 4. There is no record to be transcribed.

I declare that the statements above are true to the best of my information, knowledge, and belief.

_____ Date	_____ Certification designation and number
_____ Reporter/Recorder signature	_____ Business address
_____ Name (type or print)	_____ City, state, zip Telephone no.

List names, certification designations and numbers, and dates of each proceeding of each reporter or recorder who reported or recorded or transcribed any part of the proceedings: